

**Understanding Barriers to Accessing Health Care Services in Health Camps: A
Qualitative Study from Gorkha District, Nepal**

An Evaluation Report

Submitted by

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ABBREVIATIONS

ANM	Auxiliary Nurse Midwife
FCHV	Female Community Health Volunteer
GoN	Government of Nepal
HF	Health Facility
NGO	Non-Governmental Organization
POP	Pelvic Organ Prolapse
RM	Rural Municipality
WfWF	Women for Women Foundation

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Chapter One

Introduction

1.1 Background

The Women for Women Foundation (WfWF) has been supporting the Government of Nepal (GoN) to meet its health care development goals through its various programs in rural areas of Nepal. Its main focus in the project area of Gorkha district is to uplift the health situation of women of reproductive age and above, especially in these women's efforts to combating and healing Pelvic Organ Prolapse (POP). Despite the pervasive hindrance of corona pandemic, WfWF has been able to resume its support in 2021 through POP gynecological camp in Tanahu and Gorkha districts (WfWF, 2021).

Regardless of its comprehensive efforts, WfWF team has realized that many potential women did not visit the health camps, which were held in their vicinity. Moreover, some of the women who visited the camps also did not opt for further treatment. Therefore, through this qualitative research, WfWF aims to understand what made the women not to approach to seek POP care in the health camps and not to comply with the suggestions for the subsequent health care, including the surgery. To explore the context of their behavior and to grasp the meaning behind such utter disregard, WfWF felt that it is imperative to conduct a qualitative study to explore in what circumstances these women hesitate to take such services which were targeted exclusively for them. For the comprehensive understanding of their situation and meaning behind this, a qualitative research was conducted during May-June 2022.

1.2 Objectives of the Study

The general objective of this study was to promote women's access to health care services, especially regarding the POP care services made available in the locality by WfWF in Gorkha district.

The specific objectives of the study were as follows:

1. To analyze the factors that create barrier to women to get health care services through the health camps,
2. To comprehend how health seeking women understand the behaviors of the service providers in the camp, and

3. To orient the service providers as per the knowledge base of the study immediate before conducting the health camp.

1.3 Rationale of the Study

As a public health problem, POP has attracted immense attention from the professionals from bio-medical field. It has affected various dimensions of social life of the affected women i.e. the patients. Therefore, it can be regarded as a common assumption that the women having POP problem would visit the health camps organized in their locality to screen the disease and proceed for further treatment. When the WfWF team realized that some potential women may not have visited the camps as per the expected level, it implies that something is there which holds these women back to visit the camps. This study aimed to comprehend why and in what circumstances women face the barriers in visiting the health camps as well as to explore more about their interactions with the service providers in the camps. In order to understand the barriers in the context, the study also focused to the factors that have facilitated many others who visited the camp. The findings of this study will provide crucial knowledge base to orient the service providers, including the medics, who will be involved in delivering health care services in the upcoming November 2022 health camps and beyond. Likewise, this research will eventually help the medical professionals involved in women's health and POP surgery, the (health) policy makers and practitioners, as well as the future researchers interested in this area of study.

1.4 Research Methods

For the comprehensive and contextual understanding of the barriers that the women faced to visit the health camps in their locality, a qualitative medical anthropological research has been conducted in the selected communities of Siranchowk Rural Municipality (RM) in Gorkha district, Nepal. Field sites were selected in consultation with the concerned officials of WfWF Nepal as well as the local health actors providing health care services. As a part of this, a post-camp assessment study was carried out in May-June 2022 to comprehend how women have understood and experienced the quality of the service delivered at their door steps and their interactions with the service providers and the latter's behavior and attitude towards them.

Siranchowk Rural Municipality lies in the western part of Nepal bordering with Tanahun and Lamjung districts. It is bordered with Ajirkot Rural Municipality and Lamjung District on the North, Barpak Sulikot Rural Municipality on the East, Gorkha Municipality on the South, and

Palungtar Municipality and Lamjung District on the West. The whole municipality is spread in high hills. It is connected by the road, mostly black topped, with Gorkha district headquarters and Dumre Bazaar, Tanahun.

Information from various stakeholders and actors was collected in his study. As the intervention is meant for the upliftment in the health and wellbeing of women, more than two third women (36) were selected as research participants. Information from and experiences of women were compiled from the women of the project areas where the last health camp was conducted in November 2021. Both the women who visited the camps and who did not visit the camps were consulted in this regard to collate differential dimension of barriers they have perceived and/or experienced. Most of the women we talked to were of reproductive age group in addition to some elderly women up to the age of 84 years. Almost all of these women were involved in agricultural works, only a woman with POP problem was a teacher at the local primary school. The research participant women comprise of both categories-who have visited for the medical consultation for POP for the first time in their life and who have already had medical consultation because of the known ailment or due to dis-easiness in the body.

Table 1: Research Participants

SN	Categories	Number
1	Women with POP and who were treated in the camp	15
2	Women who visited the camp but no need of treatment	4
3	Women returned without entering the camp	1
4	Non-visitor women, having POP	4
5	Family members of women having POP	6
6	Non-visitors (Men=4, women=2)	6
7	Female Community Health Volunteers	2
8	Health Workers (ANM-2, Incharge-2)	4
9	Rural Municipality representative (Chairperson, Health Coordinator, Ward level staff)	5
Total		47

In addition to the concerned women, their family members, including the husband, mother-in-law, sister-in-law, brother, daughter, and daughter-in-law, were also interviewed to understand the latter's perspectives about the barriers experienced by the woman. Likewise, information from local level health care providers- Auxiliary Nurse Midwife (ANM) and health facility in-charge was collected mainly about their observation and experience of the health camps as well as to know the situation of POP in the locality. Among the research participants, four women visited the camps did not need any more treatment, whereas, we happened to meet other four women who did not visit the camp but they had got POP. A woman who visited the camp along with her neighbours returned without entering the camp.

Female Community Health Volunteers (FCHV) not only provided crucial information about their experience of (not)involving in the respective camp in their locality but also assisted us to reach to different research participants. Likewise, Health Coordinator of the rural municipality office not only provided us vital information for the study but also assisted us in reaching out to various research participants.

The research team comprised of competent researchers with proven experience of conducting research in sensitive issues and with the human subjects. The overall research was led by a male medical anthropologist. Considering the sensitivity of the information, the field researcher interacting with the women was a female researcher with adequate academic training and experience of conducting qualitative research in this kind of sensitive topic especially in generating information from women from the community. The researchers spend about two weeks in the field to generate required information. Both of them made use of the guidelines/checklist to facilitate their conversations with selected research participants.

Most of the conversations with the women were held as one-to-one interview, however, in one instance some of the family members were also present. In such a situation, especially with the women having POP and who visited the camp, the research assistant later on held the follow-up interview with the woman to cover few questions which were not appropriate to ask in presence of the others. All the interactions were held in the natural setting of the research participants in their respective home, and offices. In few instances, we also conducted walking ethnography, held conversations with two female research participants when they were on their

way to office and a meeting. We held conversations with a ward staff while she was walking towards her office and with an FCHV on her way to a School Management Committee meeting.

The researchers also mobilized the existing social network of the research assistant's relatives to meet potential research participants during this time. Her mother's natal families and their relatives became the first contact point while entering the field and that was crucial to reach to some of the women who had visited the health camp. Likewise, information from the health workers, and FCHVs was also critical to find the women who visited the camps. While talking to FCHVs we also explored the women who had got POP problem but did not visited the health camps. Asking every woman at the end of the conversation about potential research participants (who she knows visited the camp or who did not visit the camp with the possibility of having the kind of ailment she has experienced) was also crucial to locate the next woman to approach.

This time, the RA has made a reflective comparison of fieldworks with the previous ones. She has found that people from Siranchowk municipality are open to talk about the POP and the issues related with this in comparison to the women from Parbat and Arughat (Gorkha) sites of the studies she was involved in. This has made her conversations to go into depth to explore the layers of information and meanings behind these women's experiences and observations.

The researchers paid adequate attentions to fully uphold the ethical criteria while conducting research with that involved the human subjects. Each interview was initiated with the informed consent from the research participant and the research participants were clearly informed that they can leave the conversation process at any time. To protect the privacy of the research participants, pseudonyms have been used whenever a participant has to be quoted in writing and other forms of disseminations.

1.5 Organization of the Report

With complete information of in which context and how the research was conducted, this introductory chapter deals on the specific objectives of the study to comprehend which this study was conducted. Chapter two is all about the factors and contexts which facilitated the women to consult the medics and health workers for the diagnosis and treatment of their ailment. On the other hand, chapter three deals on the barriers that have hindered the women directly or made them reluctant to visit the camps and consult the service providers there.

Finally, chapter four brings forth the conclusions drawn from the study and recommendations to WfWF for the further improvement in the health and well-being of these women.

Chapter Two

Facilitators to Uptake Services at the Health Camp

This chapter consists of analysis of the contexts and factors that have facilitated the women to take services from the gynecological camps held in different parts of Siranchowk Rural Municipality in Gorkha districts. Some of these factors were related with the knowledge, attitude and behaviors of the service providers whereas many others are related with the patients and their family members.

2.1 Beneficiaries of the Camp

Research participants were glad that this kind of camp is held in the locality targeting the women with specific type of ailment. They think regardless of their caste/ethnicity, class, and geographic location anyone can participate in such camps. Health Coordinator of the RM, who was actively involved in providing managerial support to held the camps, has observed that:

It has covered people of all caste and ethnicity from every corners of the Gaupalika. I think many women from Bahun-Chhetri community have approached to take the services, entirely because of their higher level of consciousness about the health. Women from the poor family approached the camp mostly. Moreover, as this camp was targeted only for the women with POP problem, we were able to provide adequate and effective service.

He pointed out that level of awareness and poverty are the two main factors that affected the women to consult the camp for the health care services. An FCHV from Thalajung area pointed out that women from 40-50 age cohort and beyond that were the ones who visited the camps mostly, regardless of their caste/ethnicity.

A male health post in-charge from the RM has observed that most of the visitors in comparison to their population size are Dalit women. He thinks it is because of their poor economic situation that they cannot afford and access health care services outside of their locality. A Dalit lady (60) from Thalajung area who visited the camp for the cure of her POP ailment is glad that this kind of camp is held in their vicinity which benefitted Dalits women like her.

Health personnel have also observed that there are some other factors that affects the uptake of the services available in their locality-

The camps benefitted the women primarily with poor economic situation, who cannot afford to go out. Moreover, women who cannot walk easily due to their old age and/or

ailment also managed to visit the camps held in their vicinity. Some other women, who would not have been allowed to go out of the locality also benefitted from the camps. (In-charge, Health Facility, Thalajung)

2.2 Company to the Camp

Company of friends, family members, neighbors, or a relatives has been found as a critical supportive factor for the women to visit the camp. Women get information through their social network and also visit the camps along with them.

I got information about the camp through my neighbor. Though the camp was held in our vicinity I went there together with other sisters living in the similar situation. (Barhmin woman, 47)

We village women went to the camp together. We were in the same situation (having POP). We did not feel any uncomfortable. (Dalit woman, 60)

2.3 Timing and Locality of the Camps Held

The research participants who visited the camps for the check-up pointed out that timing of the camps held has affected their access to the camp visit.

In our health post last year's camp was coincided with the second dose of Covid-19 vaccine. Many women who had visited for the vaccine also found this as additional opportunity to have their POP check-up. (Health Post In-charge, Harmi)

I had been to the health post for corona vaccination. Upon reaching there I got to know about the camp and went to check for it. Till then I had not realized any kinds of problem related with this disease. However, doctors told me that a mild problem is there. (Barhmin women, 39, I stage)

I our conversations with the research participants we found that some of the women would not have visited the camp had there not been corona vaccination on that day. Mainly, these are the women who either do not had experienced any problems related with the uterine prolapse or had mild problem of first stage with little or no experience of uncomfortable in their everyday life.

Location of the health camp in their vicinity has also been pointed out as another crucial factor that has increased their access to the camps.

My uterus has prolapsed. I feel pain and discomfort to sit and walk. It might have been caused due to heavy works during each of four pregnancy. I went to the camp after doing the household works. I managed to visit there as the camp was held in the neighborhood. (Dalit woman, 67, III Stage)

2.4 Precaution and No Hesitation

We also found that some women visited the camp even though they have not experienced problems related with POP but as a precaution to their health concerns.

I did not have any problem related to my uterus. As the camp was held in our locality, I decided to visit there after doing all the works on that day. (Gurung woman, 84)

I have heard that this kind of disease can develop to become cancer. So, I visited there to be sure about whether I have such problems or not. (Chhetri woman, 51)

2.5 Coordination with Rural Municipality

Involvement of rural municipality in managing to hold the camps was crucial to successfully run the health camps.

We were involved in the camp from the beginning. We had coordination through Mr. Bhesh Raj Khadka (a representative of partner NGO) involved in the camp. Initially we provided approval to hold the camp in our rural municipality. Our support was mainly in the area of technical and camp management side in addition to giving permission to our health workers involve in the camps. Similalry, we also provided medical support and arranged logistic management for the medical team involved in the camp. Our support expanded also into the area of information dissemination. (RM Health Coordinator)

The ward offices and health facilities in one ward have the practice of providing support to each-other when they have such programs of handling larger visitors.

We coordinate with health facilities when they have health camps and other programs. Similarly, they also support us in our programs when we have trainings, orientations and so on. (Administrative Staff, Ward Office, Harmi)

2.6 Coordination with the Health Facilities

The WfWF held the field camps in coordination with the rural municipality and the health facilities within its constituency. This has been pointed out by the concerned stakeholders as a strong plus point to successfully hold the camp.

We were involved for the camp from the beginning mainly in disseminating the information, to provide space to hold the camp and to let our staff involve in the camp. However, we male staff were not involved directly in camp itself. Our sisters supported the camps mainly involving in the dispensary. (HP In-charge)

One of the ANMs we met regretted that she could not manage to involve in the camp-

I had participated in the orientation program. I was at the final stage of my pregnancy during the camp. I wish I could have participated in the camp and learnt much about the POP. (ANM)

The WfWF's approach to motivate the staff involved in the camp has been found as effective mechanism to get their active involvement to run the camp.

From each health facility two nursing staff was involved in the camp. Based on the outcome of the skill test, we were also provided with the certificate of involvement in the program. It was a nice way of recognition of our involvement in the camp. (ANM)

2.7 Dissemination of Information

Information about the health camps were disseminated mainly through the channel of municipality and health facilities. We had conversations with the research participants both at the receiving end of the information and also with the people who have disseminated information. The best practices and features that have facilitated to reach the information to these women have been analysed in the following sub-sections. The information was

disseminated to the potential camp visitors mainly through the mechanism of coordination with the health facility and municipality.

2.7.1 Timely orientation and involvement of Female Community Health Volunteers

One of the effective mechanisms to disseminate information was through the networks of FCHVs. All the FCHVs we met in the field stated that they were informed and mobilized in the camp through the health facility.

I had participated in the orientation program along with other FCHVs from our rural municipality. What I found as typicality of this (WfWF) program is that they provide orientation about 3 weeks ahead of the camp unlike what others do only two-three days earlier. (FCHV, Thalajung)

The orientation held few weeks ahead of the camp provides sufficient time for the FCHVs and other stakeholders inform women about the camps. Moreover, it also gives women some space to arrange time to visit the camps. During the orientation, the participants learn about the common symptoms of the disease and details about the camp.

We learned how to recognize the ailment. Also, we knew about the date, place, and available services in the camps. We also got to know that further treatment, if needed, will be free for the women consulting the doctors at the camp. (FCHV, Harmi)

On the basis of certain symptoms they approach to and select the potential visitor. These FCHVs live in the community along with the fellow women. They know when and how to communicate with them about the upcoming camp. Another FCHV told us about the significance of informal conversation to inform and motivate the women about the camp.

We visit the potential women in their home to inform about the camp. Sometimes, when a woman lives far way or I do not have time, I call her to inform about the camp. Above all, I have found that informal conversations have been effective to communicate and convince the women to visit the camp. I tell them in detail about every aspect of the procedures of consultations. (FCHV, Naya Sanghu)

FCHVs also tell the women's group members in their regular meeting about the upcoming camp. The members of the group themselves visit the camp along with other women from their locality.

I call the selected women in different settlements to visit the camps. These women inform their neighbors and relatives and often come together to the camp. (FCHV, Thalajung)

2.7.2 White lies

Some of the FCHVs have found that it is not always easy to make women realize that they might have POP problem and need medical consultations. An FCHV states how she tells the potential woman about this-

Somehow, we have learnt from the orientation about how to recognize the woman having POP problem. Once I suspect someone having this ailment, I meet her and tell her about POP's symptoms. Sometimes, even I construct a false story about myself of having certain symptoms and how I approached the doctor for the treatment of POP. Only then, they open up themselves and tell us about their ailment experience and show their willingness to visit the camp. (FCHV, Thalajung)

Echoing with the FCHV, an ANM also agrees with her-

Some women often hesitate to tell that they have got symptoms of POP problem. Therefore, we have to look for certain ways to open up them to tell what's there in their mind. For that we have to be ready even to tell lies to them. However, our false stories are meant to help her to reach to the doctor (ANM).

2.7.3 Mobilization of students and teachers

Some of the health facilities have adopted innovative ideas to inform women about the camp that would be held in their local health facility. They visit each school in their ward and tell the students about the camp.

We used two channels to reach to the potential women with POP symptoms. FCHVs approached the potential women and tell her about the camps, whereas, we mobilized students and teachers to spread the message to every household in the community. We consulted the head teacher, visited the school and gave the message in the morning assembly before the class to every teacher and students. Many families have school-going children and these children inform their family members about the date and place of the camp. They also inform their neighbors, who may not have any school going children. We have been using this strategy to inform the women over the years and have found it quite useful. As children are innocent, they will not hide such information to any one and they eagerly spread such information immediate after they reach the home. (HF In-charge)

This also indicates that social networks prevailing in the locality can be mobilized for the conduction of new programs and children are eager to participate there willingly. As there are many schools in all the wards, it has become an effective and convenient mechanism to spread the message.

2.7.4 Through family members

The women themselves may not have direct access to the first-hand information about the health camps. It is very common in the rural areas that they do not have direct access to information. Most of the women who visited the health camps stated that they got the information through their family members.

My husband works in a ward office and I got to know about the camp from him (Gurung woman, 41)

I got to know about the camp through my daughter-in-law. She insisted me to visit the camp; otherwise, I would not have gone there. (Dalit women, 67)

When women hear about the camp through their family members, then they also receive the opinion of the respective family member about the medications available in the camp. most of the time, their opinions have been found as supportive to visit the camp.

2.8 Load not Burden

The health workers and rural municipality staff involved in the camps have provided support in different phase of organizing the camp. They consider their involvement in the camp as a form of social service for the betterment of health situation of women from their locality. This kind of motivation keeps them involve in the successful completion of the camp.

Obviously engagement in such activities, additional to our regular job, increases the work load but we do not take them as burden. (RM Health Coordinator)

Participation in such programs definitely increases our work load. But we do not take that as burden; rather, it is the opportunity to serve our sisters for their problem. (FCHV)

2.9 Female Doctors and Doctors from Abroad

Women who know or assume about how they will be checked-up for the diagnosis of POP problem prefer female doctors. When they know that they will be checked-up by the female doctors then they visit the camps.

I went there thinking that I will be checked-up by the female doctors (Dalit woman, 60)

In addition, the women had also heard that there will be doctors from abroad and which lured them to visit the camp-

We went to the camp because we had already heard that there will be doctors from abroad who will check the patients thoroughly. We cannot visit their country to have check-up with them but we can catch up them here in our locality. (Brahmin woman, 47)

Some other women regret that they did not visit the camp where the visitors were checked by the foreigner doctor.

I did not visit the camp as I had recently given birth to a child. Later on, I got to know that I would have been checked had I been there in the camp. Sometimes, I feel wrist-ache and fear that it could be because of such problems. (Dalit woman, 35)

2.10 Free Medication

The services provided at the health camps were targeted only for the specific disease (i.e. POP) but it was free for all the women. However, local health care workers had observed that mainly the poor women had taken benefits from the camps.

Mostly the visitors were women from poor and deprived section of the community
(Health Coordinator, RM)

Most of the women who visited the camps pointed that freely available check-up and medicines are one of the critical factors that made them visit the doctor.

This kind of camp has helped the Dalit and poor women who have got this ailment like me. It is good that if needed they also refer the patients out of the locality other hospitals and bear the cost of the surgery. (Dalit woman, 63)

It was good that the camp was held in our locality. Everything was free there, even for the further treatment elsewhere. (Brahmin woman, 39)

2.11 Patient Satisfactions

Women went to the camps because of the above discussed factors. When they reached the camp and met the doctors they found that there are some good reasons to be satisfied with the camps. Women who were satisfied with the service providers at the camp pointed out that they had enough time to have conversations with the doctor.

When I visited there, I did not know how they will check my ailment. I was ready to go for any medication for the disease I have had over the last 14 years. They listened me. They did not provide me any medicines. I had heard that it can develop to cancer but when the doctors told me that I do not have any problem and I have not to worry, then I am completely satisfied. (Brahmin woman, 55)

I have heard that there would be good doctors. There were. They listened to me, they advised me to insert ring (Dalit woman, 60).

I told the doctors-nurse about my problem. They listened me. I got enough time to tell them about my situation. All the people I met there were nice to me. (Dalit woman, 39)

Chapter Three

Barriers to Uptake Services at the Health Camp

Several barriers have been pointed out by the research participants that barred the women to visit the camp, consult the doctors and go for further medications. For various reasons significant number of women might not have visited. As shown in Table-1, almost 25% of the women having POP whom we consulted (4 out of 21), during the field study, had got POP

problem but they did not visit the camp. This data clearly points out that there are some factors which are hindering the women to visit the camp. Therefore, it is imperative to have a thorough analysis of the women who could not make medical consultations at the camps which were held in their locality.

3.1 No Orientation to Female Community Health Volunteers

Our research team is assisted by some FCHVs in their respective areas to reach to the women. In our interactions with these FCHVs, we got to learn that all the FCHVs were not invited in the orientation and thus they did not have precise information about the camp, who are the target visitors, what will be the process of further medications, and so on.

I did not get any orientation about the camp. In fact, I was not invited to involve in the camp. However, when I heard about the camp, I informed about the time and place of the camp to women in different clusters in my area. On the camp day, I went to the health post on my own, but I did not enter into the camp as I was not involved there.
(FCHV)

3.2 No or Inadequate Information Dissemination

While talking to service providers, we got to know that information about the camp has not reached to the target group precisely. Some of these lacking are not much serious and the women got to know about them once they reached to the camp or consulted the doctors, whereas, some of them were critical that made the women inquire for the camp/visit the camp when it was already over.

Some of the women visited the health facility for the camp when it was already held few days ago. However, the orientation program had held there in the health post for the FCHVs and other stakeholders. (ANM)

There are some other instances in which information has not reached to the common people adequately. In Harmi area, within fifteen minutes of walking distance from the health facility, we visited a Dalit cluster. I talked to an elderly man of 70 years old, who want to bring one of his elder sisters to the camp if there will be any held in the future. He was asking about potential cost and available doctors for the consultations in such camps.

Women who do not have any problem or who had got some problem related with POP and reproductive organs have shared that they could not get information on time. They share their grievances in different words:

I did not go to the camp. I did not get information neither from my daughter-in-law nor from any neighbors. I got to know only at the evening from my son, by the time the camp was already over. Though I do not have any problem but I would have gone there for the check-up. (Dalit woman, 60-70, Thalajung)

I am experiencing the discharge of dirty liquid. It smells badly. Had I heard about the camp, I would definitely have gone there. (Dalit woman, 56, Nayashanghu)

It seems that some Dalit women did not get information either at all or on time. These women are from different wards and also from various clusters of the rural municipality.

3.3 Dark Side of Targeted Camp

The modality of the organization of the camp at this time was targeting the women having POP symptoms. This has made comfortable to organize the camp but it has accompanied with some costs. In our conversations with the women and other stakeholders from the study area, we got to know that most of the time paramedics or any medically layperson has to make the decision about whether a woman has got POP or not, and on the basis of such judgement they inform the woman about the camp.

A local political leader, daughter-in-law, with a graduate in social science, told us that she did not inform her mother-in-law about the camp. In fact, she had disseminated the information about the camp to many other village women. Her mother-in-law stated a different opinion about this-

Sometimes, I do not feel comfortable to sit and stand. I do not know why this happens to me. Had I known about the camp, which was held at free of cost in our locality, I would have gone there for the check-up. (Brahmin woman, 73)

Paramedics, FCHV, any family or community members considered as a knowledgeable person has to make decision that whether a women's body/ailment symptoms resemble having the

POP or not. This kind of judgement from the people without professional knowledge to diagnose the POP might have deprived some more women or at least they might have felt that they are denied access to have check-up.

Likewise, others might have hesitant to visit the camp due to potential stigma of visitng the camp specially for the POP patients.

Targeting only the women with POP symptoms had also caused a kind of reluctance among the women to visit the camp. Women visit the camp, which is held for general gynaecological check-up. No stigma will be associated with that. Whereas, in case of targeted camps (as in case of this), women hesitate that visiting there will somehow make their ailment status public in the locality. (In-charge, Health Post)

3.4 Unable to Walk

The camp has reached to different corners of the rural municipality, however, some of the elderly women and/or women with severe health problems could not reach the camp on foot. We got to know that some of the women could not manage to visit the camp because they were not able to walk to reach there.

Some women could not visit the camp as they could not walk up to the health facility on their foot. (FCHV)

Nevertheless, we could not manage to meet such women in the locality.

3.5 Fear

Women are afraid of having this ailment. Sometimes, even knowing about having the disease in their body makes them fearful.

I have not experienced any problem and have not gone anywhere for the check-up. I went to the camp along with my relatives and neighbors. When the diagnosis revealed that I also have got this disease, I felt fearful about how far it can go and affect my health. (Brahmin woman, 39, I Stage)

Elderly women are afraid of both the process and the outcome of the surgery. Such fear makes them reluctant to visit the camp.

I am 79 years old and my wife is two years younger than me. She has a severe problem because of POP. Sometimes she could not stand on erect posture and walked like a goat with two feet and two hands. I took her to Anppipal hospital for the medication. She denied going to the operation theatre blaming that they will cut everything and kill me. She has been bearing this ailment over the last 60-61 years. She did not visit the camp as well. (Dalit man)

In contrast, some women visited the camp to make sure that further complexity and comorbidity has not acquired-

I have got POP problem. I feel discomfort in sitting and working in the field, otherwise, it is fine. I have heard that it can develop up to cancer. I went to the camp to be sure whether it has developed to cancer or not. I am glad that it's not. (Brahmin woman, 55, I Stage)

3.6 Stigma and Shyness

There is a kind of stigma related with POP in the study area. It is mainly because the disease is related with sexual and reproductive organ. Similarly, in case of severity, it makes them difficult to perform tasks in their everyday life. Since the disease is stigmatized socially, the women feel shy and uneasy to talk to and communicate with other people about their disease. This makes them not to consult the health workers in their locality.

Normally, local women do not come to us for the check-up of POP. This is why they do not consult the doctors when the ailment is in the early stage, and, rather, approach the doctors in the camps when the POP reaches to the third stage. (In-charge, Health Post)

In parallel to our observation, people in Siranchowk are relatively more open to talk to we researcher about the POP problem than the ones from other parts of Gorkha as mentioned earlier, one FCHV has also observed that these days the degree of stigma towards the disease is declining.

These days people do not stigmatise (*Khissi garne*) women with this ailment. Nevertheless, the patient themselves feel shy to communicate about their POP status. (FCHV, Thalajung)

As the camp provides the opportunity for women to consult the doctors from outside, they prefer to visit there. However, when the women who visited the camp knew how other women were diagnosed or treated then they refused to enter the camp. An FCHV has observed that-

When village women met with their fellow women who had already consulted the doctors in the camp and knew how they are checked, the former returned their home without entering the camp. When I got to know about such incidents, then I asked the returning women not to talk to any of the women in-queue on their way to the camp. (FCHV, Harmi)

One of the rumours that made women unwilling to go to or to enter the camp was that they will be diagnosed by the doctors entering their hand into the uterus-

I had got a problem from the first child birth. I knew that some of the stiches done during the delivery had not been finished properly. I had shared this problem to my mother-in-law but she did not do anything for this. I felt shy to talk about this with others. I feel that something has come up there and it makes me difficult even to sit and stand up. I went to the camp for its check-up. When I heard that a male doctor will check us entering their hand into our uterus, then I feel so shy that I returned from the health post without entering there. (Dalit woman, 39)

Some of the women, to some extent, felt the shyness, but still consulted the doctor-

I felt some sort of uncomfortable to talk to the doctor about the ailment. I was a bit shy to talk about these matters. I could not open up myself fully with the doctor, even though, the doctor was attentive to listen to me. (Dalit woman, 32)

3.7 Male Attitude and Understanding Family

Women have experienced that it becomes easier to cope with the POP if their family members understand their problem and support them.

I have got this problem over the last 12-14 years. Everybody in my family knows about this. I have already checked in Anpipal hospital. Doctors have advised me not to carry heavy loads. They had cautioned me that without care the problem can further increase. I also have other health problems including neurological one. My family understands and they support me to cope with my disease. (Brahmin woman, 55)

In an absence of family support, it becomes difficult not only to manage their daily life but also to seek medications. We found little instances of family restrictions to visit this kind of camps. However, one of the health personnel overseeing the health concerns of the whole rural municipality has a different voice-

Many women did not visit the camps despite the information that the services provided there and then after would be free for them. It shows that there are some barriers at their household level. They might have been restricted by the family members like their mother-in-law or husband to visit the camps. He regards it as a lack of awareness. (Health personnel, Siranchowk RM)

3.8 Economic Status and Perception about the Camp

We have been informed by the research participants, both the men and women, that women from affluent family do not visit the camps in the locality for medical consultations. They might portray different arguments for not visiting there.

I know some women in our village who do not visit the camps for medical consultations thinking that there will not be experienced and good doctors. (Gurung woman, 34)

She did not tell exactly what kinds of women do not visit the camps. To be able to have treatment elsewhere, one has to be able to afford the cost of travel and medication. Therefore, rich people chose to go out to big cities for medications.

Women from rich families do not come for check-ups in the camps. They go to elsewhere in hospitals e.g. Pokhara, Kathamndu and Bharatpur. (In-charge, HF)

This kind of facility in our locality is good for the people like us who cannot afford to go outside their village. (Brahmin woman, 60)

3.9 Cumbersome Medical Insurance

Women for Women Foundation has arranged for the further medication, at Anpipal or in Kathmandu. This time, it has supported the patients through their medical insurance. As women and rural people are not much familiar with the procedure of medical insure they did not like this approach. An in-charge of the health post stated that:

To arrange for the funding of further medication, WfWF has told the women to do their medical insurance. And, it has promised that it will compensate the insurance premium. But, women told us that they found this process tedious (*jhanjhatilo*). (In-charge, HP)

Rural people in Nepal are reluctant to go through bureaucratic procedures, so long as they have options. They are familiar with the complexities and formalities of such procedures. If they can they want to avoid such process and probably that makes women and their family members reluctant to have health insurance. Nevertheless, in the course of the field study we did not come across this issue from any other research participants.

3.10 Unmet Expectations

Women who have visited the camps pointed out that some of their expectations were not met from the camp. The gap between the expectations of these visiting women and the service provided from the camp may discourage the women to visit the future camps.

3.10.1 No medicines distributed

A health post in-charge, who has been working there in the locality for more than two decades has observed that when women approach the health facility they expect something tangible from the service providers. Their expectations are not different from the camp as well.

When patients do not get any medicines but only counselling, they do not become satisfied from services provided. They expect at least some tablets, or preferably

injection or syrup. I think some think like an injection with distilled water has to be given. (In-charge, Health Post)

Their prior experience from the hospital visit, earlier similar camps in the locality or the perpetual problematic health situation makes women expect some tangible things in the form of medication.

I have been bearing this problem over the years. I had been to Gorkha hospital and visited the camp held earlier in our area. They had provided me some medicines in both the time. The medicine had healed the problem but again I have experienced the pain and discomfort in sitting and walking. But, here in the camp, they did not provide any medicine and my problem has not reduced at all. (Brahmin woman, 60, I Stage)

At those time during the pregnancy I did not get proper care; we had to work few days after the delivery and also could not get nutritional food. So, I got the problem and now it comes out. I feel pain while sitting, walking or working in the field. They inserted ring but I took it out as the pain increased. Unlike my expectation, they did not provide me any medicine in the camp. My problem has not over yet. (Dalit woman, 67, Stage III)

I used to feel uncomfortable in carrying load. I had been to Gorkha Hospital about six months earlier than the camp but it was not cured. They told me in the camp that my uterus has come out. Expecting that good doctors would be there, I went to the camp. I was further expecting that they would provide me medicines. Now, I am still thinking of going to Gorkha Hospital. (Dalit woman, 32)

In contrast, few other women feel happy that they have not to consume any medicine as their problem is not severe-

I feel uncomfortable and pain while digging the field but it is OK when I am not working. This problem is there with me over the last 12-14 years. The doctor did not provide me any medicine and told me that I do not have to do anything. I am glad that it has not developed to cancer. (Brahmin woman, 56, Stage I)

3.10.2 Ring pessary

Some of the women who visited the camp with various problems have been inserted with ring, a low risk option especially to the menopause women (Lekskulcha and Wanichsetakul, 2015), to uplift the fallen uterus. The research participants have different experience of ring insertion.

Initially, I have been told that I would have to do a surgery. Later on, they told me that considering my age, they will not do the surgery. Rather, they inserted the ring. I felt further discomfort with the ring it began to have liquid discharge after this. I went to Anppipal hospital and removed it. They provided me some medicines and now I have felt a bit relief. (Brahmin woman, 81, Stage III)

I have been facing this problem for years. I feel difficulty in sitting and went for that. I was expecting that they will do my operation and I will have all the problems gone. Instead, they told me that I do not need to do operation for the next 10 years rather inserted ring. It came out within a week. I do not like camps and will not go into next ones. (Brahmin woman, 58)

Not all the women had such negative experience of having ring insertion-

About two years ago, it became difficult for me even to sit. It was full of pain and also began to bleeding. I had already been to Patan Hospital for the medication but problem has not completely removed. I went to the camp thinking that there will be good doctors. After checking my problem, they inserted a ring. I clean it every month at Anppipal Hospital. I am feeling good. (Brahmin woman, 42, Stage II)

I am not sure but patient's age and the stage of prolapse could be critical factors in affecting whether a ring pessary works or not.

3.10.3 No diagnosis of other diseases

Most of the women who did not visit the camp have stated that they would have gone to the camp had there been any provision of diagnosis for other gynaecological problems. Also, the women who visited the camps but diagnosed with no POP problem were of the same opinion.

When I heard about the camp from the village women, I also went there on my own. They told me that I do not have any problems with my uterus. As I feel uncomfortable, I think I still have some other illness. But they did not check whether I have other health problems or not. (Gurung woman, 80)

3.10.4 Unmet expectations of health workers

There is a rumour among the civil servants that health is the one where they are frequently involved in training, orientations, and workshops throughout the years. These programs are meant to enhance their knowledge and skills, make them updated with the state of the art in the field and familiarize them with different new programs and projects running/going to be launched in their working area. Most of these programs are held with the support of the external donor partners, including various INGOs, UN Organizations and other bilateral and multilateral organizations working in Nepal. Moreover, when they have to run any programs in the community they have to coordinate with the local health facilities and also need to take support of the local FCHV to reach to the targeted beneficiaries. They provide some money when these staff participate in such programs as transportation allowance or so on. Such practices over the years had escalated the expectations of the health workers.

Health workers get allowance in each such activities. Therefore, it is not easier to meet their expectations in each the health camps. (Health Personnel, RM)

3.11 Unrealistic Suggestions

When patients visit the camps for the medication, either they are provided with some medication or advised what next she has to do (or not). Sometimes, women feel that they have been provided with unrealistic suggestions, which does not consider their socio-economic and living conditions.

I went to the camp as my urine used to come with bad smell. I heard from the FCHV about the camp. I went to the camp along with other sisters from the locality. Doctors advised me not lift the heavy loads. Though I do take care, but it is not possible always to stay away from the works and lifting the loads. (Gurung woman, 55)

Some of the women whose family members are supportive or have someone in the family to support her, can manage to reduce the workload or avoid the heavy works.

Family is quite supportive. When my husband got to know that I got this problem he asked me not to do heavy works and especially not to lift loads. (Brahmin woman, 42, Stage II)

The suggestion- do not do heavy works- have been perceived differentially by various women in different circumstances. Some of the women have actually positively changed themselves to take care of themselves.

They checked with a machine and told me that my uterus has fallen. I was not prescribed any medicines. They advised me not to do heavy works including lifting the heavy loads, sit carefully, and take adequate rest. If I do not take care, it can lead to severe problem. Therefore, I have begun to take care of myself. (Dalit woman, 24)

A suggestion that looks like unrealistic for someone has become a crucial factor to trigger positive behaviour change for other women.

Chapter Four

Conclusions and Recommendations

4.1 Conclusions

This medical anthropological study was conducted in different wards of Siranchowk Rural Municipality of Gorkha District to assess the impact of gynaecological camp held in November-December 2021. The camp was held to screen the POP situation of the women, provide them with necessary medicines and if needed support them to go for the operation. The

study aimed to understand the facilitators and barriers that have supported or hindered the local women's access to the health camps held in the locality. In consultation with the local health workers the researchers selected the locality for the field study whereas research participants were selected based on the criteria to have diverse voices from the field and mainly from the beneficiary/potential beneficiary women.

The study shows that women from across the different locations, age, caste/ethnicity and socio-economic status have benefitted from the camp held in the vicinity of their residence. Women went to the camp along one their own, with their family members, or fellow women who are also going there for their medication. The camp held nearby their home has facilitated the women to visit there. As the camps were held immediate after the harvesting season of rice, they were also not restricted by the household responsibility. Most of the women visited there because they had some POP health concerns. However, we also met some women who went to the camp, even knowing that the camp is meant for specific disease, to be sure that they do not have this disease. The research team found that women have lesser degree of feeling of shyness in comparison to the earlier immediate study conducted in the northern part of Gorkha district in 2019.

Coordination with the rural municipality and respective health facilities to hold the camp has held it to become successful. That has supported in great deal in managerial logistical areas. The health personnel and the municipality personnel were glad that they also became part of this benevolent job to uplift the health conditions of the women, mostly the elderly ones and from the poor and marginal family context. Otherwise, most of them would not have access to go for the check-up and further medications. This kind of coordination also paved the way for the flow of information to the target beneficiary women. Some locally initiated innovative ways of information dissemination such as mobilising the students and teachers were also explored by the study. The orientation program held in the locality about a month ago has been highly appraised by all the stakeholders that this provided sufficient time to disseminate the information.

The study reveals some of the factors that have created barriers for the women to visit the camp or to get the satisfactory services from the camp. Some of the barriers have been related with the specific modality of the services delivered by the WfWF, mainly because the camp has targeted the women with symptoms of POP disease. As the paramedics, FCHVs and family

members have to make the judgement about whether a woman has a POP symptom or not to flow information up to her, this might have curtailed the access of some women, especially the ones who has less mobility in the neighbourhood and has to depend upon information from the family members.

Levels of satisfaction of the women have been found mainly directly determined by whether they are provided with any tangible medicine and/or operation or not. Most of them discount the value of counselling alone and that of the ring pessary insertion. Many others were concerned with the unrealistic suggestions of staying away from doing (heavy) works.

4.2 Recommendations

The above presented evidence, discussions, and sometimes the recommendations directly provided by the research participants gives basis for the recommendations. The WfWF can adopt them in organizing its future camps, while working with the local government or the federal government. The following are the recommendations for the WfWF, considering its targeted involvement in conducting the POP camps and providing further treatment if needed for the women visiting the screening camps. In case, WfWF wants to expand its area of involvement, differential set of recommendations could be possible based on the ethnographic evidence and their analyses.

4.2.1 Continue partnership with local government- as the municipality representative and staff personnel feel that the programs carried out by the development programs are also their own, this kind of feeling of ownership has been found as crucial to get perpetual support from the municipality and thus the health facility. This has to be fostered and expanded in the development activities conducted at the local level.

The WfWF has already began to work with the local government and its various wings. It can work with them in different areas for the promotion of women's reproductive health and especially to relieve or protect the women from the POP. It can conduct awareness raising programs in the locality in partnership with the local government about the vulnerability of the women to different ailments and the typical care they in different critical stage of their life including the delivery and postnatal care. It can support the local government to work with the local health facilities and appreciate the family/husband in different ways who take proper care of women in the family.

- 4.2.2 Physicians needed-** Health workers who had involved in successfully organizing the camps had felt that it is imperative to have general physician or at least the one specialized in women's health in the screening camp.
- 4.2.3 Provide medicines for gynaecological disease-** While focusing the camp and further treatment especially for the POP, WfWF can also think about considering to diagnose and to provide medication for other gynaecological problems as well.
- 4.2.4 Follow up clinics-** Local health workers have experienced that the diagnosed and further treated women need follow up consultations after few months of holding the camp.
- 4.2.5 Frequency of camps-** Considering the who have been acquiring POP annually, and the need of women who could not manage to visit the camps in the last year, local health workers state that it is desirable to held the camp within the reasonable interval of the prior camps.
- 4.2.6 Explore effective ways of information dissemination to reach to the Dalit women-** Dalit women from different clusters and study area have not acquired information. It is imperative to target the Dalit women specially reaching every settlement they are residing. It can also make use of the networks of Dalit organizations working in the area.
- 4.2.7 Make special arrangements for the women who cannot walk up to the camp-** Some women still cannot walk up to the camp held so close to their community. The WfWF can arrange to bring them up to the camp on its own or it can coordinate with the concerned ward office/municipality to arrange for their travel to the camp.

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